

Application No.: Not Yet Assigned

DT07 Rec'd PCT/PTO 07 MAR 2005

Docket No.: 13156-00002-US

**10/523264**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application of:  
Gerrit Luinstra et al.

Application No.: Not Yet Assigned

Group Art Unit: N/A

Filed: Concurrently Herewith

Examiner: Not Yet Assigned

For: CATALYST FOR THE CARBONYLATION OF  
OXIRANES

**TRANSMITTAL OF COMBINED DECLARATION AND POWER OF ATTORNEY**

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Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

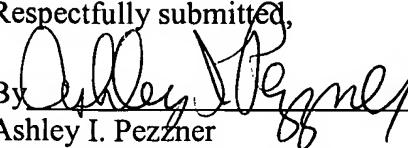
Enclosed are the following items for filing in connection with the above-referenced  
Patent Application:

1. Fee Transmittal ; and
2. Combined Declaration And Power Of Attorney.

Please charge our Deposit Account No. 03-2775 in the amount of \$130.00 covering the  
required fees. The Director is hereby authorized to charge any deficiency in the fees filed,  
asserted to be filed or which should have been filed herewith (or with any paper hereafter filed in

this application by this firm) to our Deposit Account No. 03-2775, under Order No. 13156-00002-US.

Respectfully submitted,

By   
Ashley I. Pezzner

Registration No.: 35,646  
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Attorney for Applicant

Application No. (if known): Not Yet Assigned  
Int'l. Appln. No.: PCT/EP0308478

Attorney Docket No.: 13156-00002-US

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Fee Transmittal  
Transmittal Of Combined Declaration And Power Of Attorney  
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<b>Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b>		<b>Complete if Known</b>		
<b>FEE TRANSMITTAL For FY 2005</b>		Application Number	Not Yet Assigned	
		Int'l. Appln. Number	PCT/EP03/008478	
		Filing Date	February 1, 2005	
		First Named Inventor	Gerrit Luinstra	
		Examiner Name	Not Yet Assigned	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	N/A	
<b>TOTAL AMOUNT OF PAYMENT</b>		<b>(\$)</b> <b>130.00</b>	Attorney Docket No.	<b>13156-00002-US</b>

**METHOD OF PAYMENT** (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account		Deposit Account Number: <u>03-2775</u>		Deposit Account Name: <u>Connolly Bove Lodge &amp; Hutz LLP</u>
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
<input type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17		<input checked="" type="checkbox"/> Credit any overpayments		

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<b>Application Type</b>	<b>FILING FEES</b>		<b>SEARCH FEES</b>		<b>EXAMINATION FEES</b>		<b>Fees Paid (\$)</b>
	<b>Fee (\$)</b>	<b>Small Entity Fee (\$)</b>	<b>Fee (\$)</b>	<b>Small Entity Fee (\$)</b>	<b>Fee (\$)</b>	<b>Small Entity Fee (\$)</b>	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES****Fee Description**

	<b>Small Entity</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>
Each claim over 20 (including Reissues)		50	25
Each independent claim over 3 (including Reissues)		200	100
Multiple dependent claims		360	180

<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>Multiple Dependent Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
_____ - 20 = _____	x _____	= _____				
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			

- 3 = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
_____ - 100 = _____	/50	(round up to a whole number) x _____ = _____		

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1051 Surcharge-Late filing fee

130.00

<b>SUBMITTED BY</b>				
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Name (Print/Type)	Ashley I. Pezzner	Date	3/7/05	

03/10/2005 SNAJARRO 00000138 032775 10523264

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